

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS**

In re:

Kevin R. Tortorella,

Debtor

Chapter 13

Case No. 17-11821-fjb

**EVIDENCE OF CURRENT AND SUFFICIENT LIABILITY AND
PROPERTY INSURANCE ON REAL ESTATE, VEHICLES & BUSINESS ASSETS**

Now comes the Debtor herein and files the attached documentation (9 additional pages, excluding the certificate of service) to evidence proper insurance coverage for his real estate, his vehicle and his business assets:

1. Coverage Binder for 4 Foxhill Road, Foxboro (**Exhibit A**) (2 pgs) (secured party listed on pg.2) (Exp: 5/23/2018)
2. Insurance binder for 1994 GMC Food Truck (**Exhibit B**) (2 pgs) (secured party listed on pg. 2) (Exp: 3/7/2018)
3. Business Owners policy for certain business assets currently located at 403 Boston Providence Tpke, Norwood (**Exhibit C**) (5 pgs) (Secured party listed on page 4) (Exp: 11/11/2017)

Respectfully submitted,
Kevin R. Tortorella,
By his attorney,

Date: May 31, 2017

/s/ Stephen M. Kaplan
Stephen M. Kaplan (BBO# 259220)
175 Highland Ave. – Suite 408
Needham, MA 02494
ph: (781)248-6407 fax: (888)380-9457
Email: kaplanlawworks@aol.com
c:/tortorella/ch13/pleadings/evidence of insurance

Ch. 13, Case No. 17-11821-fjb

CERTIFICATE OF SERVICE

I, Stephen M. Kaplan, hereby certify that on May 31, 2017 I electronically filed with the Clerk of the Bankruptcy Court the attached:

1. **EVIDENCE OF CURRENT AND SUFFICIENT LIABILITY AND PROPERTY INSURANCE ON REAL ESTATE, VEHICLES & BUSINESS ASSETS**

and, I served a copy of same upon the interested parties¹ in the following manner:

Electronic Mail Notice List

The following is the list of **parties** who are currently on the list to receive email notice/service for this case.

- Carolyn Bankowski-13 13trustee@ch13boston.com
- Bertin C. Emmons bemmons@santander.us
- John Fitzgerald USTPRegion01.BO.ECF@USDOJ.GOV
- David B. Madoff madoff@mandkllp.com, alston@mandkllp.com

Manual Notice List

The following is the list of **parties** who are **not** on the list to receive email notice/service for this case (who therefore require manual noticing/service).

(No manual recipients)

/s/ Stephen M Kaplan
Stephen M. Kaplan (BBO#259220)
c:/tortorella/ch13/pleadings/evidence of insurance

¹ This list was updated immediately prior to filing this pleading.

HOMEOWNERS

HP 3069151-03- E

BAY STATE INSURANCE COMPANY
ANDOVER, MASSACHUSETTS 01810PART B DECLARATIONS PAGE
20170331-99:02:40:67

RENEWAL DECLARATION * * EFFECTIVE 05/23/17

RENEWAL OF POLICY HP 3069151

POLICY NUMBER	FROM	POLICY PERIOD	TO	AGENT NO	AGENT
HP 3069151	05/23/17	05/23/18	0006487	TELEPHONE: (508) 543-3131	
NAMED INSURED AND ADDRESS					
KEVIN TORTORELLA & ERIN TORTORELLA 4 FOXHILL RD FOXBORO MA 02035-2003			THE LOVELY INS AGENCY LTD 6 RAILROAD AVE P O BOX 374 FOXBORO MA 02035-0374		

THE PREMISES COVERED BY THIS POLICY IS LOCATED AT THE ABOVE ADDRESS.

POLICY PERIOD- 12:01 AM STANDARD TIME AT THE RESIDENCE PREMISES.

RATING INFORMATION:

AUTOMATIC VALUE-UP AT RENEWAL, FRAME, CONSTRUCTED IN 1947,
PROTECTION CLASS 04, TERRITORY 31, FEET FROM HYDRANT 1000, 1 FAMILY,
PREMIUM GROUP 16, INSIDE CITY.DEDUCTIBLE IN CASE OF A LOSS UNDER SECTION I, WE COVER ONLY THAT PART
OF THE LOSS OVER \$ 1000

COVERAGE AT THE ABOVE DESCRIBED LOCATION IS PROVIDED ONLY WHERE A LIMIT OF LIABILITY IS SHOWN OR A PREMIUM IS STATED

SECTION I COVERAGE

	LIMITS OF LIABILITY	PREMIUM
A. DWELLING	\$266,000	\$624.00
B. OTHER STRUCTURES	\$26,600	
C. PERSONAL PROPERTY	\$186,200	
D. LOSS OF USE	\$53,200	

SECTION II COVERAGE

E. PERSONAL LIABILITY	\$500,000	
F. MEDICAL PAYMENTS TO OTHERS	\$1,000	\$23.00
TOTAL BASIC PREMIUM		\$647.00

SUPPLEMENTAL PREMIUM OR CREDITS

GUARANTEED REPLACEMENT OR REPAIR COST, H116, COVERAGE-A ONLY	\$30.00
PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT, HO 04 90	NO CHARGE
SPECIAL PERSONAL PROPERTY COVERAGE, HO 00 15	NO CHARGE
BUILDING ORDINANCE OR LAW COVERAGE, HO 04 77	NO CHARGE
NON-SMOKER'S ENDORSEMENT, H-122	\$31.00CR
TOTAL SUPPLEMENTAL PREMIUMS - - - - -	\$1.00CR
TOTAL ANNUAL PREMIUM - - - - -	\$646.00

CONTINUED ON NEXT PAGE

PLEASE NOTE :
ALL POLICY CHANGES SHOULD BE PROCESSED THROUGH YOUR AGENT.

ORIGINAL

HOMEOWNERS

HP 3069151-03- E

BAY STATE INSURANCE COMPANY
ANDOVER, MASSACHUSETTS 01810

PART B DECLARATIONS PAGE

RENEWAL DECLARATION * * EFFECTIVE 05/23/17

RENEWAL OF POLICY HP 3069151

POLICY NUMBER	FROM	POLICY PERIOD	TO	AGENT NO	AGENT
HP 3069151	05/23/17	05/23/18	0006487	TELEPHONE: (508) 543-3131	
NAMED INSURED AND ADDRESS					
KEVIN TORTORELLA & ERIN TORTORELLA 4 FOXHILL RD FOXBORO MA 02035-2003			THE LOVELY INS AGENCY LTD 6 RAILROAD AVE P O BOX 374 FOXBORO MA 02035-0374		

MORTGAGEE

LAKEVIEW C/O LOANCARE LLC
ISAQA ATIMA OLN #1451716250
PO BOX 202049
FLORENCE SC 29502

FORMS AND ENDORSEMENTS - H00003 04/91, H00120 10/99, H00496 04/91, HF-154 06/95,
--149 10/96, H02441 11/94, H00523 07/97, H00433A 04/10, HF-945 05/02,
HF-153 06/14*, HF990MA 06/10, ILP001 01/04, H0P063 10/15, H00015 04/91,
H-116MA 03/08, H-122 01/84, H00477 06/94, H00490 04/91.

AUTHORIZED SIGNATURE04/01/17
DATE

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF
THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

DESCRIPTION OF ADDITIONAL COVERAGES

LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE
TOTAL SECTION I LIMIT IS \$ 10000, TOTAL SECTION II LIMIT IS \$ 50000.

SPECIAL PERSONAL PROPERTY COVERAGE

GUARANTEED REPLACEMENT OR REPAIR COST, COVERAGE-A ONLY

NON-SMOKER'S ENDORSEMENT

ORDINANCE OR LAW INCREASED AMOUNT OF COVERAGE
TOTAL PERCENTAGE IS 100.

PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT

ORIGINAL

DECLARATIONS - MASSACHUSETTS BUSINESS AUTO COVERAGE FORM
NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY

03/26/2017

This Policy is Issued By:

Renewal of Number

No. BA 915618484

DEDHAM, MASS 02026

☒ The Declarations
include a second
part designated
Part 2**AMENDED DECLARATIONS**

As of: 03/07/17

ITEM ONE NAME INSURED & ADDRESSKEVIN TORTORELLA DBA GLOBAL FOOD TRUCK
4 FOXHILL RD
FOXBORO MA 02035-2003**FORM OF NAMED INSURED'S BUSINESS:**☒ CORPORATION; ☐ PARTNERSHIP; ☐ INDIVIDUAL OR
☐ OTHER;

NAME INSURED'S BUSINESS

12:01AM Standard Time at the Named
Insured's Address stated above.

POLICY PERIOD: Policy covers FROM 03/07/17 TO 03/07/18

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS
POLICY.

20482

COHEN-MILES INS AGCY, INC

(617) 489-1213

**ITEM TWO - SCHEDULE OF COVERAGES
AND COVERED AUTOS**This policy provides on those coverages where a charge is shown in the premium column below. Each
of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as
covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED
AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
COMPULSORY BODILY INJURY	7	\$ 20,000 EACH PERSON \$ 40,000 EACH ACCIDENT	\$235.00
PERSONAL INJURY PROTECTION	7	\$ 8,000 EACH PERSON	\$17.00
LIABILITY INSURANCE			
OPTIONAL BODILY INJURY	7 8 9	\$ 1,000,000 COMBINED SINGLE LIMIT	\$613.00
PROPERTY DAMAGE (COMPULSORY LIMIT \$5,000)	7 8 9	\$ 1,000,000 COMBINED SINGLE LIMIT	\$408.00
AUTO MEDICAL PAYMENTS	7	\$ SEE SCHEDULE EACH PERSON	\$6.00
UNINSURED MOTORISTS (COMPULSORY LIMIT \$20,000/40,000)	7	\$ SEE SCHEDULE EACH PERSON \$ SEE SCHEDULE EACH ACCIDENT	\$10.00
UNDERINSURED MOTORISTS	7	\$ SEE SCHEDULE EACH PERSON \$ SEE SCHEDULE EACH ACCIDENT	\$347.00
PHYSICAL DAMAGE INSURANCE (Actual Cash Value or cost of repair, whichever is less minus the deductible for each Covered Auto)			
COMPREHENSIVE COVERAGE	7	\$ SEE SCHEDULE DEDUCTIBLE	\$116.00
COLLISION COVERAGE	7	\$ SEE SCHEDULE DEDUCTIBLE	\$292.00
LIMITED COLLISION		\$ DEDUCTIBLE	
TOWING AND LABOR		for each disablement	
SUBSTITUTE TRANSPORTATION		UP TO \$ A DAY, MAXIMUM \$	

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION

CA 00 01 (10-13) IL 00 17 (11-98) CA 23 04 (10-13) MM 99 13 (10-13) MM 99 11 (10-13) MM 99 28 (10-13)
MM 99 35 (04-11) MM 99 17 (10-13) MM 99 54 (10-13) IL 00 21 (09-08) CA 23 86 (10-13) AP-2 (09-08)
CA 99 33 (10-13)**CHANGE REASON:**

CORRECT NAMED INSD

PREMIUM FOR ENDORSEMENTS	\$100.00
ESTIMATED TOTAL PREMIUM	\$2,144.00

THIS IS NOT A BILL \$0.00

DIRECT BILL EDP 10 PAY

Countersigned:

By _____

MMVCAF (ED 6-96)

INSURED COPY

Authorized Representative

DECLARATIONS - MASSACHUSETTS BUSINESS AUTO COVERAGE FORM (Continued)

Part 2

No. BA 91561848A KEVIN TORTORELLA DBA GLOBAL FOOD TRUCK STRATEGIES
ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION					PURCHASED							
	Year Model; Trade Name; Body Type; Serial number (S); Vehicle Identification Number (VIN)					Original Cost New	Class						
1	1994	GMC	P3500	1GDJP32K2R3501365		\$40,000	211990						
2	HIRED AUTO						661900						
3	NON-OWNED						660100						
Covered Auto No.	TERRITORY				CLASSIFICATION								
	Town & State Where the Covered Auto will be principally garaged Terr/Zone Code				Radius of Operation (in miles)	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Phy. Damage		Secondary Rating Factor	Code Pre-Insp Code	
1	716-18	NORWOOD			LOCAL	S	M						
2	716-18	NORWOOD											
3	716-18	NORWOOD											
Covered Auto No.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss												
1	Paul Linehan		3 Apple Lane			SHARON			MA		02067		
2													
3													
COVERAGES, PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)													
Covered Auto No.	Compulsory Bodily Injury \$20,000 ea pers. \$40,000 ea acc.	Personal Injury Protection \$8,000 ea per	LIABILITY				Auto Medical Payments		Uninsured Motorists (Compulsory Limit) \$20,000 ea pers. \$40,000 ea acc.)		Underinsured Motorists		
			Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)								
			Premium	Premium	*Limits	Premium	*Limits	Premium	*Limits	Premium	*Limits	Premium	*Limits
1	\$235	\$17	1000 / CSL	\$517	CSL	\$398	5	\$6	1000 /	\$10	1000 / 1000	\$347	
2			1000 / CSL	\$48	CSL	\$5							
3			1000 / CSL	\$48	CSL	\$5							
Covered Auto No.	**LIMIT OF LIABILITY	***SPECIFIED CAUSE OF LOSS			COMPREHENSIVE		COLLISION		LIMITED COLLISION		Waiver of Deductible	Towing & Labor	Substitute Transportation
		Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium			
1	ACV				1000	\$116	1000	\$292			YES		
2													
3													

* Limit(s) in thousands

** Designate whether ACV, States Amount or Agreed Value and, except for ACV, the Limit of Liability

*** F=Fire Coverage T=Theft Coverage

F&T=Fire and Theft Coverage CAC=Combined Additional Coverage



NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY
ComPak® BUSINESSOWNERS POLICY
AMENDED DECLARATIONS

POLICY #: R1542005A

CHANGE(S): MISCELLANEOUS MISC. CHANGES

EFF DATE: 03/22/17

A. POLICYHOLDER AND AGENT INFO

Insured: GLOBAL FOOD TRUCK STRATEGIES
4 FOXHILL RD
KEVIN TORTORELLA
FOXBORO, MA 02035-2003

Agent: COHEN-MILES INS AGCY, INC
Phone: (617)489-1213
Agent #: 20482

Business Form: CORPORATION

Policy Period: 1 YEAR

Business Description: FOOD TRUCK + RESTAURANT +
COMMISSARY

From: 11/11/16

To: 11/11/17

Coverage begins at 12:01 A.M. Eastern Standard Time.

Payment Plan: DIRECT BILL - EDP 10 PAY

B. POLICY PREMIUM

Annual Premium	Subject To Audit	State Taxes or Fees	Prior Annual Premium	Additional/Return Premium
\$ 4,708	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$ 4,708	\$ 0

C. BUILDING AND BUSINESS PERSONAL PROPERTY COVERAGES AND LIMITS

LOCATION 1, BUILDING 1: 403 BOSTON PROVIDENCE TPKE, NORWOOD, MA 02062

	Limit(s)	Premium
Building ACV Option: No	\$	\$
Business Personal Property	\$ 233,000	\$ 3,014
Mortgage Holder None		

D. LOCATION COVERAGES AND LIMITS

LOCATION 1: 403 BOSTON PROVIDENCE TPKE, NORWOOD, MA 02062

	Limit(s)	Premium
Outdoor Property	\$ 25,000	\$ Included
Outdoor Signs	\$ 25,000	\$ Included
Money & Securities On Premises/Off Premises	\$ 15,000/15,000	\$ Included

E. POLICY INFO

Policy Deductible	Applicable to Section I - Property	\$ 500
Optional Coverage Deductible		\$ 500
Building Coverage Limit	Automatic Increase	2%

**NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY****ComPak® BUSINESSOWNERS POLICY****AMENDED DECLARATIONS**

POLICY #: R1542005A

F. POLICY COVERAGES AND LIMITS**SECTION I - PROPERTY**

		Limit(s)	Premium
Accounts Receivable	On Premises/Off Premises	\$ 100,000/5,000	\$ Included
Valuable Papers	On Premises/Off Premises	\$ 100,000/5,000	\$ Included
Employee Dishonesty		\$ 25,000	\$ Included
Forgery & Alteration		\$ 25,000	\$ Included

SECTION II - LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Businessowners Coverage Form and any attached endorsements.

		Limit(s)	Premium
Liability and Medical Expenses	Per Occurrence	\$ 1,000,000	\$ 1,356
Medical Expenses	Per Person	\$ 5,000	\$ Included
Damage To Premises Rented to You	Any One Premises	\$ 50,000	\$ Included
General Aggregate		\$ 2,000,000	\$ Included
Products/Completed Operations Aggregate		\$ 2,000,000	\$ Included



NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY
ComPak® BUSINESSOWNERS POLICY
AMENDED DECLARATIONS

POLICY #: R1542005A

G. ENDORSEMENTS

POLICY ENDORSEMENTS

Form #	Date	Description	Limit(s)	Premium
BP 00 03	01 10	Businessowners Coverage Form		\$ Included
BP 01 08	03 11	Massachusetts Changes		\$ Included
BP 02 06	09 12	ComPak® Enhanced Coverage Endorsement		\$ Included
BP 02 09	09 12	Personal Property Off Premises	\$ 25,000	\$ Included
BP 02 10	09 12	Policy Amendment (Blank Endorsement)		\$ Included
BP 02 13	09 12	Tobacco Limitation Endorsement		\$ Included
BP 02 15	11 14	ComPak® Plus Enhanced Coverage Endorsement		\$ 120
BP 02 17	09 12	Equipment Breakdown Enhancement Endorsement		\$ Included
BP 02 27	09 12	Two Or More Policies Issued By Us		\$ Included
BP 02 29	09 12	Exclusion - Delivery Using Non-Owned Autos		\$ Included
BP 02 34	09 12	Employment-Related Practices, Policies, Acts Or Omissions Exclusion		\$ -14
BP 04 04	01 10	Hired Auto And Non-Owned Auto Liability Hired Auto Liability: Included Non-Owned Auto Liability: Included		\$ 112
BP 04 19	01 06	Amendment - Liquor Liability Exclusion - Exception For Scheduled Activities Description Of Activity(ies): None		\$ Included
BP 05 15	01 15	Disclosure Pursuant To Terrorism Risk Insurance Act		\$ Included
BP 05 26	01 15	Exclusion Of Certified Acts Of Terrorism Involving Nuclear, Biological, Chemical Or Radiological Terrorism; Cap On Covered Certified Acts Losses		\$ Included
BP 05 42	01 15	Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism		\$ Included
BP 05 77	01 06	Fungi Or Bacteria Exclusion (Liability)		\$ Included
BP 06 98	01 10	Massachusetts - Fungi, Wet Rot Or Dry Rot Exclusion And Limitations		\$ Included



NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY

ComPak® BUSINESSOWNERS POLICY

AMENDED DECLARATIONS

POLICY #: R1542005A

LOCATION ENDORSEMENTS

LOCATION 1: 403 BOSTON PROVIDENCE TPKE, NORWOOD, MA 02062

Endorsement Applicable Per Location(s)

Form #	Date	Description	Limit(s)	Premium
BP 02 63	09 12	Restaurants		
		Food Contamination Limit:	\$ 10,000	\$ 120
		Addl Advertising Exp Limit:	\$ 3,000	
		Spoilage Limit:	\$ 10,000	

Endorsement Applicable To Specific Building(s)

BUILDING 1: 403 BOSTON PROVIDENCE TPKE, NORWOOD, MA 02062

Form #	Date	Description	Limit(s)	Premium
BP 12 03	01 10	Loss Payable Clauses		
		#1 PAUL LINEHAN		\$ Included
		3 APPLE LANE		
		SHARON, MA 02067		
		Applicable Clause: Loss Payable(A)		
		Property: BUSINESS EQUIPMENT		

In case of fire notify the company or its local agent at once in writing.

This declarations page together with the policy jacket, the policy form and any endorsements, completes this policy.



NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY

ComPak® BUSINESSOWNERS POLICY

ADDITIONAL POLICY INFORMATION

POLICY #: R1542005A

BP 02 10

FULL NAMED INSURED: KEVIN TORTORELLA AND GLOBAL FOOD TRUCK STRATEGIES

03/25/17